

ENFIELD YOUTH CENTER
Permission to Transport
2009-2010 Season

I give my child, _____, permission to be transported to and from
The Enfield Youth Center by the Enfield Youth Center staff for the 2009-2010 season.

Child's Name: _____ DOB: _____

Address: _____ Phone #: _____

Insurance Carrier: _____ Policy Number: _____

Name on Policy: _____

Mother or Guardian: _____ Phone #: _____

Father or Guardian: _____ Phone #: _____

Emergency person: _____ Relationship: _____ Phone #: _____

Please note **any** allergies your child may have, including food allergies:

I give permission for first aid to be administered to my child and, if necessary, transport him/her to a hospital or emergency clinic. Any exceptions to this treatment are listed below:

I, the parent/guardian, of the above named child, hereby give my consent and agree to release, indemnify and hold harmless anyone participating in advisory or official capacity with the Enfield Youth Center as well as the Town of Enfield and its employees, from any claims arising out of injury to the above named child.

Parent/Guardian's Signature

Date